

# Sacred Heart School



701 Franklin Street  
West Reading, PA 19611  
610-373-3316

## RELEASE OF RECORDS

\_\_\_\_\_  
Name of Releasing School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

To Whom It May Concern:

The student named below has been enrolled in Sacred Heart School:

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Academic Records	_____
Health/Medical Records	_____
Other	_____

Kindly forward the requested records to:

**Sacred Heart School**  
**701 Franklin Street**  
**West Reading, PA 19611**

I hereby grant permission for the Release of Records to Sacred Heart School, West Reading Pennsylvania.

Sign & Print

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian